

# DESIGNATION OF BENEFICIARY

UNPAID COMPENSATION OR  
DECLASSED CIVILIAN EMPLOYEE

## IMPORTANT

Read instructions  
on back of duplicate  
before filling in this form

(b)(6)  
(b)(3)

### INFORMATION CONCERNING THE EMPLOYEE

NAME: *John A. H. [Signature]*

Per.

(initials)

DATE OF Birth: *1936*

DEPARTMENT OR AGENCY: *Department of Defense*

APPROVED FOR RELEASE DATE:  
**10-Nov-2008**

I, the employee named above, recalling any and all previous Designations of Beneficiary heretofore made by me, do now designate the person(s) whose name is shown below to receive any UNPAID COMPENSATION due and payable after my death. I understand that I, as a citizen of the United States, owing to Unpaid Compensation as defined in section 2 of the Act of August 1, 1850, am entitled to the benefits and in my will affect the disposition of any benefit which may become payable under the Retirement and Death Insurance Act as applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until I have expressly changed or revoked by me in writing. (2) I transfer to another agency, or (3) I am re-employed by the same or another department or agency of the Government.

### INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type the name, mailing address, and the name of each beneficiary

Type the name, mailing address of each beneficiary

Relationship

Share to be paid to each beneficiary

*John A. H. [Signature]*  
*John A. H. [Signature]*

I hereby do not, or otherwise, indicate above, that, if more than one beneficiary is named, the share of any deceased beneficiary may predecease me, shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change my designation of beneficiary at any time in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.

*John A. H. [Signature]*  
(Signature of employee)

(Signature of employee)

WITNESSED TO SIGNATURE:

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

STATE AND ZIP CODE

*[Signature]*  
STATE, CITY, and ZIP CODE

THIS SPACE RESERVED FOR RECEIVING DATA  
OF EMPLOYING AGENCY

*2 Feb 1970*

*[Signature]*  
RECEIVED AND FILED BY [Signature]

DELIVER THIS COPY TO THE PROPER OFFICE OF YOUR AGENCY--DUPLICATE WILL BE NOTED AND RETURNED  
**DUPLICATE**